

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-018327
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4089

FILED APR 17 1963

VS 300
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **St. Louis**

Length of stay in 1b
5 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Homer G. Phillips**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** COUNTY

c. CITY OR TOWN **St. Louis**

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)
1398A Shawmut

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First **Annie**

Middle **L.**

Last **Traynham**

4. DATE OF DEATH
Month **4** Day **9** Year **63**

5. SEX

Fem.

6. COLOR OR RACE

Negro

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Sept 11, 1904

9. AGE (last birthday)

58

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

hownds County, Miss.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Jim Sykes

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

William H. Traynham

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

no

16. SOCIAL SECURITY NO.

un 1298 A Shawmut, St. Louis, mo

17. INFORMANT

William H. Traynham

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Chronic Renal Failure

INTERVAL BETWEEN ONSET AND DEATH

Undet.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Hypertensive Cardiovascular Disease

DUE TO (c)

443x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Congestive Heart Failure

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☒ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **4-5-63** to **4-9-63** and last saw her alive on **4-9-63**
Death occurred at **11:30 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

2601 N. Whittier

22c. DATE SIGNED

4-10-63

23. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

4/13/63

23c. NAME OF CEMETERY OR CREMATORY

Old Cemetery

23d. LOCATION (City, town, or county)

Columbus, Mississippi

(State)

24. FUNERAL DIRECTOR

ADDRESS

Memphis Office 2114 Mississippi Ave. St. Louis, Mo.

25. DATE RECD. BY LOCAL REG.

APR 11 1963

26. REGISTRAR'S SIGNATURE

Roan Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

MISSOURI
St. Louis
1908

St. Louis

Robert G. Phillips

03

9

4

Travham

L.

Annie

West

West

Unlabeled

Chronic Renal Failure

Hypertensive Cardiovascular Disease

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

x or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marionto. Offici
x

03-0-1
xx

03-0-1

11:00 P.

03-0-1

Licensed Embalmer No. 5177

P. O. Address St. Louis, Ill.

03-0-1

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.